Filing Date Application Number **CLAIMS ONLY** Applicant(s) May be used for additional dalms or amendments AFTER SECOND AMENDMENT AFTER FIRST AMENDMENT CLAIMS AS FILED Indep Depend Indep Depend Indep Depend Indep Depend Depend Indep Indep Depend 52 53 54 57 59 60 61 11 15 16 17 65--69 19 21 22 23 24 25 26 27 28 29 76 78 84 85 .33 91 95 97 49. 50 Total Indep Total Total Indep Total Depend Depend Total Claims Total Claims

¢